

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10587541

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
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16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	2					
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50						
TOTAL IND.	22		22		22	
TOTAL DEP.	22	22	22	22	22	22
TOTAL CLAIMS	24	24	24	24	24	24

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			22		22	
TOTAL DEP.			22		22	
TOTAL CLAIMS			24		24	